

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Stephen Barnes et al.	Confirmation No. :	7512
Application No.:	10/695,546	GROUP:	1634
Filing Date:	October 28, 2003	EXAMINER:	Kapushoc
Docket No.:	200123-2		
TITLE:	ASSAY FOR IMIDAZOLINONE RESISTANCE MUTATIONS IN BRASSICA SPECIES		

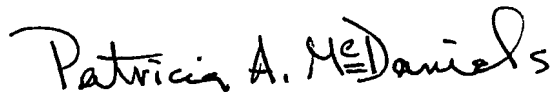
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

PETITION FOR EXTENSION OF TIME

Applicants hereby petition that the time for responding to the Office Action dated June 20, 2006, be extended for a period of three months, resetting the due date to December 20, 2006. Authorization is hereby given to charge the extension fee of \$1,020.00, and any other fee that may be due with regard to this submission, or to credit any overpayment, to Deposit Account Number 02-1197.

Respectfully submitted,  
BASF CORPORATION



Patricia A. McDaniels  
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Dated: January 16, 2007

05/07/2007 CKHLOK  
05/07/2007 02:197 10695546  
05/07/2007 CR

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>6-4-07</u>		2 Serial/Patent # <u>10/695346</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time		<u>1-16-07</u>	\$ <u>6020</u>
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ <u>6020</u>
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check Credit Deposit A/C #: 9 <span style="border: 1px solid black; padding: 2px;">012--1197</span>		
<input type="checkbox"/>	Overpayment			
<input type="checkbox"/>	Duplicate Payment			
<input type="checkbox"/>	No Fee Due (Explanation):			
<u>Fee not necessary.</u>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Karen Creasy</u>		TITLE: <u>Petitions Examiner</u>		
SIGNATURE: <u><i>K Creasy</i></u>		PHONE: <u>2-3208</u>		
OFFICE: <u>Petitions</u>				
*****				
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: <u><i>CK</i></u>		DATE: <u>6/5/07</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: